101

ONALASKA CARE CENTER

	ONALASKA CARE CEN	TER												
	1600 MAIN STREET													
	ONALASKA	54650	Phone: (608)	783-4681										
	Operated from 1/	1 To 12/31	Days of C	peration:	365									
Operate in Conjunction with Hospital?														
	Number of Beds Se	t Up and Sta	affed (12/3	31/05):	108									
	Total Licensed Be	d Capacity	(12/31/05):		108									

Number of Residents on 12/31/05:

Ownership: Highest Level License: Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Average Daily Census:

Non-Profit Corporation

Skilled

Yes

99

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	%	Age Groups 	* 	   Less Than 1 Year   1 - 4 Years	41.6 39.6
Developmental Disabilities	1.0	Under 65	4.0	More Than 4 Years	18.8
Mental Illness (Org./Psy)	23.8	65 - 74	1.0	İ	
Mental Illness (Other)	1.0	75 – 84	35.6	İ	100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	50.5		
Para-, Quadra-, Hemiplegic	1.0	95 & Over	8.9	Full-Time Equivalent	
Cancer	1.0			Nursing Staff per 100 Resi	dents
Fractures	8.9	İ	100.0	(12/31/05)	
Cardiovascular	12.9	65 & Over	96.0		
Cerebrovascular	9.9			RNs	12.6
Diabetes	5.9	Gender	%	LPNs	8.3
Respiratory	1.0			Nursing Assistants,	
Other Medical Conditions	33.7	Male	20.8	Aides, & Orderlies	43.1
		Female	79.2		
	100.0	j		į	
		İ	100.0	į	

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Method	$\circ$	Reimbursement

		edicare itle 18			edicaid itle 19			Other		Ī	Private Pay	:		Family Care			Managed Care	<u>l</u>		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	3	50.0	313	5	8.8	141	0	0.0	0	0	0.0	0	2	12.5	141	0	0.0	0	10	9.9
Skilled Care	3	50.0	360	51	89.5	120	0	0.0	0	18	94.7	165	14	87.5	120	3	100.0	278	89	88.1
Intermediate				1	1.8	99	0	0.0	0	1	5.3	160	0	0.0	0	0	0.0	0	2	2.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		57	100.0		0	0.0		19	100.0		16	100.0		3	100.0		101	100.0

ONALASKA CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period					0 27 3'		
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	10.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent 1	Residents
Private Home/With Home Health	4.2	Bathing	0.0		87.1	12.9	101
Other Nursing Homes	10.5	Dressing	12.9		76.2	10.9	101
Acute Care Hospitals	69.9	Transferring	31.7		53.5	14.9	101
Psych. HospMR/DD Facilities	0.0	Toilet Use	24.8		60.4	14.9	101
Rehabilitation Hospitals	0.0	Eating	74.3		22.8	3.0	101
Other Locations	4.2	******	******	*****	* * * * * * * * * * * * * * * * * *	******	*****
Total Number of Admissions	143	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.0	Receiving Resp	iratory Care	9.9
Private Home/No Home Health	32.2	Occ/Freq. Incontiner	nt of Bladder	49.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.5	Occ/Freq. Incontiner	nt of Bowel	18.8	Receiving Suct	ioning	0.0
Other Nursing Homes	1.4				Receiving Osto	my Care	7.9
Acute Care Hospitals	9.8	Mobility			Receiving Tube	Feeding	2.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	37.6
Rehabilitation Hospitals	0.0					-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	28.7	With Pressure Sores		3.0	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		12.9	Medications		
(Including Deaths)	143				Receiving Psyc	hoactive Drugs	66.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

**************************	*******		******* ership:		******** Size:		ensure:	*****	*****
	This	Non	profit	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.7	93.4	0.98	90.1	1.02	88.8	1.03	88.1	1.04
Current Residents from In-County	91.1	85.9	1.06	84.9	1.07	83.2	1.10	77.6	1.17
Admissions from In-County, Still Residing	27.3	20.9	1.31	18.1	1.51	18.7	1.46	18.1	1.50
Admissions/Average Daily Census	144.4	162.7	0.89	188.0	0.77	177.7	0.81	162.3	0.89
Discharges/Average Daily Census	144.4	162.0	0.89	191.1	0.76	179.2	0.81	165.1	0.87
Discharges To Private Residence/Average Daily Census	71.7	81.3	0.88	87.1	0.82	83.4	0.86	74.8	0.96
Residents Receiving Skilled Care	98.0	97.5	1.01	96.6	1.01	96.3	1.02	92.1	1.06
Residents Aged 65 and Older	96.0	96.3	1.00	90.0	1.07	91.3	1.05	88.4	1.09
Title 19 (Medicaid) Funded Residents	56.4	54.2	1.04	62.3	0.91	61.8	0.91	65.3	0.86
Private Pay Funded Residents	18.8	31.8	0.59	20.8	0.90	22.5	0.84	20.2	0.93
Developmentally Disabled Residents	1.0	0.5	2.12	0.9	1.05	1.1	0.90	5.0	0.20
Mentally Ill Residents	24.8	33.9	0.73	34.5	0.72	34.8	0.71	32.9	0.75
General Medical Service Residents	33.7	25.2	1.34	22.0	1.53	23.0	1.46	22.8	1.48
Impaired ADL (Mean)	41.6	49.3	0.84	48.8	0.85	48.4	0.86	49.2	0.84
Psychological Problems	66.3	57.5	1.15	59.9	1.11	59.5	1.12	58.5	1.13
Nursing Care Required (Mean)	9.2	6.9	1.33	7.3	1.26	7.2	1.27	7.4	1.23